Commonwealth of Massachusetts
Executive Office of Health and Human Services

MassHealth

Companion Guide

**Health Care Eligibility/Benefit Inquiry
and Information Response**
For X12N 270/271 (Version 4010A1)

Commonwealth of Massachusetts
Executive Office of Health and Human Services

270/271 Companion Guide
December 2008   *Version 9.2*

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1.0 Introduction

1.1 What Is HIPAA?

The Health Insurance Portability and Accountability Act of 1996 – Administrative Simplification (HIPAA-AS) – requires that MassHealth, and all other health-insurance payers in the United States, comply with the electronic data interchange (EDI) standards for health care as established by the Secretary of Health and Human Services (HHS). HHS has adopted an Implementation Guide for each standard transaction. Version 004010X092A1 of the 270/271 Eligibility Inquiry and Response transaction is the standard established by HHS for eligibility verification.

1.2 Purpose of the Implementation Guide

The Implementation Guide for the 270/271 eligibility verification transaction specifies in detail the required formats for eligibility inquiries submitted electronically to an insurance company, health-care payer, or government agency. The Implementation Guide contains requirements for use of specific segments and specific data elements within the segments. It was written for all health care providers and other submitters. It is critical that your software vendor or IT staff review this document carefully and follow its requirements to submit HIPAA-compliant files to MassHealth.

1.3 How to Obtain Copies of the Implementation Guides

The Implementation Guides for X12N 270/271 Version 4010A1 and all other HIPAA standard transactions are available electronically at www.wpc-edi.com/HIPAA.

1.4 Purpose of This Companion Guide

This companion guide was created for MassHealth trading partners by MassHealth to supplement the 270/271 Implementation Guide. It contains MassHealth-specific instructions for the following:
- data content, codes, business rules, and characteristics of the 270/271 transaction;
- technical requirements and transmission options; and
- information on testing procedures that each trading partner must complete before submitting eligibility inquiries.

The information in this guide supersedes all previous communications from MassHealth about this electronic transaction. The following policies are in addition to those outlined in the provider manuals. These policies in no way supersede MassHealth regulations and this companion guide should be used in conjunction with the information found in the MassHealth provider manual.

1.5 Intended Audience

The intended audience for this document is the technical staff responsible for generating and receiving electronic 270/271 eligibility inquiries and responses.

2.0   Establishing Connectivity with MassHealth

All MassHealth trading partners must sign a trading partner agreement (TPA). If you have elected to have a third party perform electronic transactions on your behalf, you may be requested to complete a trading partner profile (TPP) form as well. Note that TPP information may be given over the telephone or the Provider Online Service Center in lieu of completing a paper form. If you have already completed these forms, you do not have to complete them again. Please contact MassHealth Customer Service at 1-800-841-2900 (see Section 2.5 - Support Contact Information) if you have any questions about these forms.

2.1 Setup

MassHealth trading partners should submit HIPAA 270 transactions to MassHealth via the Provider Online Service Center, or system-to-system using our Healthcare Transaction Service (HTS) process. Additionally trading partners may submit eligibility transactions via PC software (EVSpc). The EVSpc guide can also be found at http://www.mass.gov/masshealth/newmmis. Trading partners must contact MassHealth Customer Service at 1-800-841-2900 with questions about these options and to obtain a copy of the HTS guide.

After establishing a transmission method, each trading partner must successfully complete testing. Information on this phase is provided in the next section of this companion guide (see Section 2.2 - Trading Partner Testing). After successful completion of testing, 270/271 transactions may be submitted for production processing.

2.2 Trading Partner Testing

Before submitting production 270/271 transactions to MassHealth, each trading partner must be tested. All trading partners who plan to submit 270/271 transactions must contact MassHealth Customer Service at 1-800-841-2900 in advance to discuss the testing process, criteria, and schedule. Trading partner testing includes HIPAA compliance testing as well as validating the use of conditional, optional, and mutually defined components of the transaction.

The following scenarios must be addressed in one or more test files:

- inquiry by 12-digit member identifier (ID number);
- inquiry by member's social security number or other agency ID; and
- inquiry by last name, first initial, date of birth, and gender.

MassHealth will process these transactions in a test environment to validate that the file structure and content meet HIPAA standards and MassHealth-specific data requirements. Once this validation is complete, the trading partner may submit production 270 inquiries to MassHealth for eligibility responses.

The following conditions must be addressed in one or more test files:

- Ability to do a 270 inquiry using the 12-digit Member Identifier (ID number)
- Ability to do an inquiry by the member's social security number or other agency ID
- Ability to do an inquiry by the member's last name, first name, date of birth, and gender

Please note that if you supply data for all three data elements (only one of the three is required to get a 271), then MMIS will process the inquiry in sequence as listed above, until a match is found, or all possible search options have occurred.

2.3 General Information for Member Name

The member name segment accepts and returns 30 characters as required in the Implementation Guide. However, if a value is submitted on a transaction that is greater than what is stored in the NewMMIS member database, on the return transaction the following would occur:

- If a match is found on the database, the value stored on the database table is returned;
- If no match is found on the database, the value stored on the original incoming transaction will be returned.

Example

A provider submits an eligibility verification check (270) with a name that is 22 characters long, but the database currently stores only 20 of those characters. On the return transaction (271), the provider will receive only the first 20 characters of the name submitted, if a match is found on the database. If for some reason, the member name submitted is not a MassHealth member, and is not stored on the database (no match found), on the return transaction (271) the name would be returned exactly as it was originally submitted.

2.4 Technical Requirements

The current maximum file size for any 270 file submitted to MassHealth is 16 MB. If you have any questions, or would like to coordinate the processing of larger files, please contact MassHealth Customer Service at 1-800-841-2900 (see Section 2.6: Support Contact Information).

Please note that the NewMMIS web portal does not uncompress and unzip files. Please send any files in an uncompressed and unzipped format.

2.5 Acknowledgements

Confirmation numbers are generated for all 270 eligibility inquiry transaction files uploaded to the Provider Online Service Center, indicating successful file uploads. 997 functional acknowledgements are generated for all batch 270 files. In real-time mode, 997 Functional Acknowledgments are generated only when the request transaction (270) is non-compliant. Otherwise, the response transaction (271) is generated. These acknowledgements will be available for download from the Provider Online Service Center.

2.6 Support Contact Information

For questions regarding any issues in this companion guide, providers may contact MassHealth Customer Service by mail, phone, fax, or email.

MassHealth Customer Service
P.O. Box 9118
Hingham, MA 02043
Phone: 1-800-841-2900
Fax: 617-988-8971
E-mail: hipaasupport@mahealth.net

3.0   MassHealth-specific Submission Requirements

The following sections outline recommendations, instructions, and conditional data requirements for 270 eligibility inquiries submitted to MassHealth. This information is designed to help trading partners construct the 270 transactions in a manner that will allow MassHealth to efficiently return eligibility information.

3.1 PC Software Pass-through Option

The PC software pass-through option is similar to bulk processing in real time. This process makes use of the -EVScall.exe portion of the EVSpc application. EVSpc can be used in an interactive or batch mode. More details can be located in the EVSpc user guide. An example of a pass-through file appears in Appendix C of this guide.

3.2 Interchange Header, Information Source, Information Receiver

Although submitters can view the entire set of required data elements in the 270/271 Implementation Guide, MassHealth recommends that submitters pay special attention to the segments in the table below. These segments will be populated in the same way for all 270 transactions.

270 Inbound Interchange Control and Functional Group Header changes

Loop	Segment		Element Name	Companion Information
----	ISA	01	Authorization Information Qualifier	"00"
----	ISA	02	Authorization Information	10 blanks

Loop	Segment		Element Name	Companion Information
----	ISA	03	Security Information Qualifier	"00"
----	ISA	04	Security Information	10 blanks
----	ISA	05	Interchange Sender ID Qualifier	"ZZ"
----	ISA	06	Interchange Sender ID	Trading partner ID assigned by MassHealth OR 10-digit MassHealth NewMMIS Provider Number including service location
----	ISA	07	Interchange Receiver ID Qualifier	"ZZ"
----	ISA	08	Interchange Receiver ID	"DMA7384"
----	ISA	14	Acknowledgement Requested	"1"
----	ISA	15	Usage Indicator	"P" for production submission and "T" for test submission
----	GS	02	Application Sender's Code	Trading partner ID assigned by MassHealth OR 10-digit MassHealth NewMMIS Provider Number including service location
----	GS	03	Application Receiver's code	"DMA7384"
	GE	02	(270)	GE02 is assigned by the trading partner. For interactive mode (similar to EVS), only one transaction per GS - GE is allowed.
----	IEA	01	Number of included Functional Groups	Must equal "1" for the interactive transaction to qualify for immediate response.

271 Outbound Interchange Control and Functional Group Header Information

Loop	Segment		Element Name	Companion Information
----	ISA	01	Authorization Information Qualifier	"00"
----	ISA	02	Authorization Information	10 blanks
----	ISA	03	Security Information Qualifier	"00"
----	ISA	04	Security Information	10 blanks
----	ISA	05	Interchange Sender ID Qualifier	"ZZ"
----	ISA	06	Interchange Sender ID	"DMA7384"
----	ISA	07	Interchange Receiver ID Qualifier	"ZZ"
----	ISA	08	Interchange Receiver ID	Trading partner ID assigned by MassHealth (either the 10-digit MassHealth provider number including service location, or the NPI)
----	ISA	14	Acknowledgement Requested	"0"
----	ISA	15	Usage Indicator	"P" for Production submission "T" for Test submission
----	GS	02	Application Sender's Code	"DMA7384"
----	GS	03	Application Receiver's code	Trading partner ID assigned by MassHealth (either the 10-digit MassHealth provider number including service location, or the NPI)

270/271 Common Constants for Transactions

Loop	Segment		Element Name	Companion Information
2100A	NM1	01	Entity Identifier Code	Value is "PR"
2100A	NM1	02	Entity Type Qualifier	Value is "2"
2100A	NM1	03	Information Source name 35/AN	MassHealth
2100A	NM1	08	Inf. Source ID qualifier 2/AN	46 - electronic transmitter identification number
2100A	NM1	09	Information Source ID 80/AN	"DMA7384"
2100B	NM1	01	Entity Code	Value is "1P"
2100A	NM1	09	Information Source ID 80/AN	"DMA7384"
2100B	NM1	01	Entity Code	Value is "1P"
2000C	TRN	02	Reference Identification	Each value received on 270 will be returned on 271

Loop	Segment		Element Name	Companion Information
2000C	DTP	01	Date/Time Qualifier	Value is "472"
2100C	DTP	02	Date Format	Value is "RD8" or "D8"
2100C	DTP	03	Date Time Period	To Date of Service AND/OR From Date of Service (270/271)
2100C	REF	01	Reference Identification Qualifier	If EJ is submitted, REF01 = EJ along with REF02 value from 270 request will be returned.
2100C	REF	02	Reference Identification	Patient account number or other value is returned based on value in 270.

3.3 Inquiry-specific Data

MassHealth supports multiple search criteria for an eligibility inquiry. An inquiry may be submitted using MassHealth member ID, social security number, or last name, first name, date of birth, and gender.

The criteria for these options are listed below.

3.3.1 Inquiry by Member ID

Loop	Segment		Element Name	Companion Information
2100C	NM1	08	ID Code Qualifier	NM108 will be "MI" if member is found. If member is not found echo back 2100C: NM108 from 270.
2100C	NM1	09	Identification Code	12-digit MassHealth member ID; however, invalid member ID also will be echoed back from the 270.

3.3.2 Inquiry by Social Security Number or Other Agency ID

Loop	Segment		Element Name	Companion Information
2100C	REF	01	Identification Code Qualifier	Value is SY if SSN is provided, and NQ- for other agency ID
2100C	REF	02	Identification Code	If REF01 is "SY" then it is SSN. If REF01 is "NQ," it is other agency ID (note agency ID = X-member id or Y-rid).

3.3.3 Inquiry by Last Name, First Name, Date of Birth, and Gender

Loop	Segment		Element Name	Companion Information
2100C	NM1	03	Last Name or Organization Name	A maximum of 20 characters will be used for the search.
2100C	NM1	04	Name First	A maximum of 15 characters will be used for the search.

Loop	Segment		Element Name	Companion Information
2100C	NM1	05	Name Middle	A maximum of one character will be used for the search.
2100C	NM1	07	Name Suffix	Not used for the search
2100C	DMG	01	Date Time Period Format Qualifier	"D8"
2100C	DMG	02	Date Time Period	If not found, the values provided for these fields in the 270 will be returned in the 271.
2100C	DMG	03	Gender Code	If not found, the values provided for these fields in the 270 will be returned in the 271.

271 Segments

Loop	Segment		Element Name	Companion Information
2000A	AAA	01	Response Code	AAA01 will be "N"
2000A	AAA	03	Reject Reason Code	Possible value – "42"
2000A	AAA	04	Follow-up Action Code	Value is "P"
2100A	AAA	01	Response Code	AAA01 will be "N"
2100A	AAA	03	Reject Reason Code	Possible value – "42"
2100A	AAA	04	Follow-up Action Code	Value is "P"
2100B	AAA	01	Response Code	AAA01 will be "N"
2100B	AAA	03	Reject Reason Code	Possible value – "51"
2100B	AAA	04	Follow-up Action Code	Value is "C"
2000C	TRN	01	Trace Type Code – echo trace number sent in 270	Value "2" is returned if 270 submit is "TRN"
2000C	TRN	01	Trace Type Code – MMIS assigned trace number	Value "1" is returned by MassHealth as the type code preceding the verification number.
2000C	TRN	02	Reference Identification	Value submitted on 270 is returned with a maximum of 30 characters. MassHealth returns a verification number with a maximum length of 13 characters.

Loop	Segment		Element Name	Companion Information
2000C	TRN	03	Originating Company Identifier	Value submitted on 270 is returned with a maximum of 10 characters - otherwise MassHealth returns value of "1046002284"
2100C	NM1	03	Last Name or Organization Name	A maximum of 20 characters will be returned.
2100C	NM1	04	Name First	A maximum of 15 characters will be returned.
2100C	NM1	05	Name Middle	A maximum of one character will be returned.
2100C	DMG	01	Date Time Period Format Qualifier	"D8"
2100C	DMG	02	Date Time Period	If member found, MassHealth date of birth is returned. Otherwise the values provided in the 270 will be returned in the 271 when submitted.
2100C	DMG	03	Gender Code	If member found, MassHealth gender code is returned. Otherwise the values provided in the 270 will be returned in the 271 when submitted.
2100C	REF	01	Reference Identification Qualifier	Qualifier 3H is associated with local office number for MassHealth.
2100C	REF	02	Reference Identification	The three-digit Local Office Code is returned.
2100C	REF	03	Reference Identification	The value "local office code" is returned.
2100C	PER	03	Communication Number Qualifier	Value is "TE"
2100C	PER	04	Communication Number	Phone numbers based on availability will be returned – Member's day phone on record
2100C	PER	05	Communication Number Qualifier	Value is "TE"
2100C	PER	06	Communication Number	Phone numbers based on availability will be returned – Member's night phone on record
2100C	PER	07	Communication Number Qualifier	Value is "TE"
2100C	PER	08	Communication Number	Phone numbers based on availability will be returned – Member's cell phone on record

Loop	Segment		Element Name	Companion Information
2100C	AAA	01	Response Code	AAA01 will be "N"
2100C	AAA	03	Reject Reason Code	Possible values = 42, 52, 57, 58, 62, 63, 72, 73, 75, 76
2100C	AAA	04	Follow-up Action Code	Value is "C"
2100C	DTP	01	Date/Time Qualifier	Value is "472"
2100C	DTP	02	Date Format	Value is "RD8"

Eligibility Status

Loop	Segment		Element Name	Companion Info
2110C	EB	01	Eligibility or Benefit Information	Value is "1" – Active Value is "6" – Inactive
2110C	EB	02	Coverage Level Code	Value is "IND"
2110C	EB	03	Service Type Code	Value is "30"
2110C	EB	05	Plan Coverage Description	If EB01 = "1", Member's Eligibility Plan is displayed. If EB01 = "6", Member is not Eligible is displayed.
2110C	DTP	01	Date/Time Qualifier	Value is "307"
2110C	DTP	02	Date Format	Value is "RD8"
2110C	DTP	03	Date Time Period	Value is "R" – Other Insurance Plans.

Other Insurance

Loop	Segment		Element Name	Companion Info
2110C	EB	01	Eligibility or Benefit Information	Values Other Insurance Plans – "R"
2110C	EB	03	Service Type Code	Value is "30"
2110C	EB	05	Plan Coverage Description	Name of other insurance plan is listed here (maximum of 50 characters)

Loop	Segment		Element Name	Companion Information
2110C	REF	01	Reference Identification Qualifier	Value is IG, F6, A6, 18, GP, or 1L
2110C	REF	02	Reference Identification	If REF01 = "IG", other insurance policy number, maximum of 16 characters are sent back. If REF01 = "F6", health insurance claim number, maximum of 16 characters are sent back. If REF01 = "A6", employee identification number, maximum of 16 characters are sent back. If REF01 = "18", plan number, maximum of 16 characters are sent back. IF REF01 = "6P", group number, maximum of 16 characters are sent back. If REF01 = "1L", group or policy number, maximum of 16 characters are sent back
2110C	REF	03	Description	IF REF01 = "1L", other insurance policyholder name, maximum of 16 characters are sent back.
2110C	DTP	01	Date/Time Qualifier	Value is "290" – coordination of benefits.
2110C	DTP	02	Date Format	Value is "RD8"
2110C	DTP	03	Date Time Period	Begin and end date returned in CCYYMMDD format.
2110C	MSG	01	Free – Form Message Text	Restrictive message(s) may be returned in this field if applicable.
	LS	01	Loop Identifier Code	Value is "2120"
2120C	NM1	01	Entity Identifier Code	Value is "PRP"
2120C	NM1	02	Entity Type Qualifier	Value is "2"
2120C	NM1	03	Name Last or Organization Name	Other insurance name (Maximum of 35 characters are returned.)
2120C	NM1	08	Identification Code Qualifier	Value is "PI"
2120C	NM1	09	Identification Code	Seven-digit other insurance carrier code
2120C	N3	01	Address Information	Other insurance address 1

Loop	Segment		Element Name	Companion Information
2120C	N3	02	Address Information	Other insurance address 2
2120C	N4	01	City Name	Other insurance city name
2120C	N4	02	State or Province Code	Other insurance state or province code
2120C	N4	03	Postal Code	Other insurance postal code
2120C	PER	01	Contact Function Code	Value is "IC"
2120C	PER	03	Communication Number Qualifier	Value is "TE"
2120C	PER	04	Communication Number	Other insurance phone number
	LE	01	Loop Identifier Code	Value is "2120"

Long-Term Care

Loop	Segment		Element Name	Companion Info
2110C	EB	01	Eligibility or Benefit Information	Value is "X" – long-term plan.
2110C	EB	03	Service Type Code	Value is "30"
2110C	EB	05	Plan Coverage Description	Long-term-care, MMC(1 character, Management Minute Category) followed by a dash, followed by Management Minute Questionnaire (MMQ) score (5 characters including a decimal)
2110C	DTP	01	Date/Time Qualifier	Value is "292" – long-term-care begin and end dates. Value is "435" – long-term-care admit date Value is "193" – casemix begin date. Value is "194" – casemix end date.
2110C	DTP	02	Date Format	If DTP01 = "292", value is "RD8" otherwise value is "D8"
2110C	DTP	03	Date Time Period	If DTP01 = "292", both begin and end dates returned, otherwise a single date value is returned.
2110C	MSG	01	Free – Form Message Text	Restrictive message(s) may be returned in this field if applicable.
	LS	01	Loop Identifier Code	Value is "2120"

Loop	Segment		Element Name	Companion Information
2120C	NM1	01	Entity Identifier Code	Value is "FA"
2120C	NM1	02	Entity Type Qualifier	Value is "2"
2120C	NM1	03	Name Last or Organization Name	Long-term-care facility name (maximum of 35 characters)
2120C	NM1	08	Identification Code Qualifier	Value is "XX"
2120C	NM1	09	Identification Code	Long-term-care facility NPI
2120C	N3	01	Address Information	Long-term-care facility address 1
2120C	N3	02	Address Information	Long-term-care facility address 2
2120C	N4	01	City Name	Long-term-care facility city name
2120C	N4	02	State	Long-term-care facility state
2120C	N4	03	Postal Code	Long-term-care postal code
2120C	PER	01	Contact Function Code	Value is "IC"
2120C	PER	03	Communication Number Qualifier	Value is "TE"
2120C	PER	04	Communication Number	Long-term-care phone number
	LE	01	Loop Identifier Code	Value is "2120"

Spend Down

Loop	Segment		Element Name	Companion Information
2110C	EB	01	Eligibility or Benefit Information	Value is Y-spend down.
2110C	EB	03	Service Type Code	Value is "30"
2110C	EB	05	Plan Coverage Description	Blank if EB01 = "Y"
2110D	EB	07	Monetary Amount	Spend-down amount
2110C	MSG	01	Free – Form Message Text	Restrictive message(s) may be returned in this field if applicable.

Loop	Segment	Element Name	Companion Information

Patient Paid Amount

Loop	Segment		Element Name	Companion Information
2110C	EB	01	Eligibility or Benefit Information	Value is "G"-patient paid amount.
2110C	EB	02	Coverage Level Code	Value is "IND"
2110C	EB	03	Service Type Code	Value is "30"
2110C	EB	05	Plan Coverage Description	Possible values are nursing home, PACE, SCO, rest home.
2110D	EB	07	Monetary Amount	Patient-paid amount

Deductible

Loop	Segment		Element Name	Companion Information
2110C	EB	01	Eligibility or Benefit Information	Value is "C" – deductible.
2110C	EB	02	Coverage Level Code	Value is "IND"
2110C	EB	03	Service Type Code	Value is "30"
2110D	EB	07	Monetary Amount	Deductible amount
2110C	DTP	01	Date/Time Qualifier	Value is "198"
2110C	DTP	02	Date Format	Value is "D8"
2110C	DTP	03	Date Time Period	Date-effective date of the member's deductible

Co-Pay Cap Status Pharmacy

Loop	Segment		Element Name	Companion Information
2110C	EB	01	Eligibility or Benefit Information	Value is "D" – copay cap status pharmacy.
2110C	EB	02	Coverage Level Code	Value is "IND"
2110C	EB	03	Service Type Code	Value is "88" – pharmacy.

Loop	Segment		Element Name	Companion Information
2110C	EB	05	Plan Coverage Description	Copay cap status for the member, values = met or not met

Co-Pay Cap Status Non-Pharmacy

Loop	Segment		Element Name	Companion Information
2110C	EB	01	Eligibility or Benefit Information	Value is "D" – copay cap status non-pharmacy.
2110C	EB	02	Coverage Level Code	Value is "IND."
2110C	EB	03	Service Type Code	Value is "1" – medical care.
2110C	EB	05	Plan Coverage Description	Copay cap status for the member, values = 'met' or 'not met'

Managed Care – MCO or Primary Care Clinician and Primary Care Clinician (PCC)

Loop	Segment		Element Name	Companion Information
2110C	EB	01	Eligibility or Benefit Information	Value is "MC" – managed care organization. Value is "L" – primary care clinician.
2110C	EB	02	Coverage Level Code	Value is "IND"
2110C	EB	03	Service Type Code	Value is "30"
2110C	EB	05	Plan Coverage Description	Possible values are any associated managed care, SCO, or PACE.
2110C	DTP	01	Date/Time Qualifier	Value is "307" – eligibility.
2110C	DTP	02	Date Format	Value is "RD8"
2110C	DTP	03	Date Time Period	Managed care or PCC begin and end dates
2110C	MSG	01	Free – Form Message Text	Restrictive message(s) may be returned in this field if applicable.
	LS	01	Loop Identifier Code	"2120"
2120C	NM1	01	Entity Identifier Code	Value is "13"
2120C	NM1	02	Entity Type Qualifier	Value is "1" if legal name is returned in NM104. Otherwise Value is "2".
2120C	NM1	03	Name Last or Organization Name	Managed-care name or PCC site name

Loop	Segment		Element Name	Companion Information
2120C	NM1	04	First Name	PCC legal name
2120C	NM1	08	Identification Code Qualifier	Value is "XX"
2120C	NM1	09	Identification	NPI is displayed if available.
2120C	N3	01	Address Information	Managed care or PCC address 1
2120C	N3	02	Address Information	Managed care or PCC address 2
2120C	N4	01	City Name	Managed care or PCC city name
2120C	N4	02	State or Province Code	Managed care or PCC state or province code
2120C	N4	03	Postal Code	Managed care or PCC postal code
2120C	PER	01	Contact Function Code	Value is "IC"
2120C	PER	03	Communication Number Qualifier	Value is "TE"
2120C	PER	04	Communication Number	Managed care contact number
	LE	01	Loop Identifier Code	Value is "2120"

Behavioral Health

Loop	Segment		Element Name	Companion Information
2110C	EB	01	Eligibility or Benefit Information	Value is "W" – behavioral health.
2110C	EB	02	Coverage Level Code	Value is "IND"
2110C	EB	03	Service Type Code	Value is "30"
2110C	EB	05	Plan Coverage Description	Possible value is "Behavioral Health."
2110C	DTP	01	Date/Time Qualifier	Value is "307" – eligibility.
2110C	DTP	02	Date Format	Value is "RD8"
2110C	DTP	03	Date Time Period	Managed care or PCC behavioral health begin and end date

Loop	Segment		Element Name	Companion Information
2110C	MSG	01	Free – Form Message Text	Restrictive message(s) may be returned in this field if applicable.
	LS	01	Loop Identifier Code	"2120"
2120C	NM1	01	Entity Identifier Code	Value is "13"
2120C	NM1	02	Entity Type Qualifier	Value is "1" if legal name is returned in NM104. Otherwise value is "2"
2120C	NM1	03	Name Last or Organization Name	Managed care name or PCC site name behavioral health site name.
2120C	NM1	04	First Name	PCC behavioral health legal name if available
2120C	NM1	08	Identification Code Qualifier	Value is "XX"
2120C	NM1	09	Identification	NPI is displayed if available.

Dependent Level

Loop	Segment	Element Name	Companion Information
2000D	This dependent level is not used by MassHealth.		

271 Functional Group Trailer

Loop	Segment		Element Name	Companion Information
	GE	01	Number of Transaction Sets Included	Follow Implementation Guide standards.
	GE	02	Group Control Number	Follow Implementation Guide standards.

271 Interchange Control Trailer

Loop	Segment		Element Name	Companion Information
	IEA	01	Number of Included Functional Groups	Follow Implementation Guide standards.
	IEA	02	Interchange Control Number	Follow Implementation Guide standards.

4.0 Sample MassHealth Transactions

Example of MassHealth 270 Transaction (Member ID Number Inquiry)

```
ISA*00*       *00*       *ZZ*Provider ID   *ZZ*DMA7384       *080116*1200*U*00401*000000001*1*P*:~
GS*HS*Provider ID*DMA7384     *20080116*1200*1*X*004010X092A1~
ST*270*0001~
BHT*0022*13*REPW*20080116*1200~
HL*1**20*1~
NM1*PR*2*MASSACHUSETTS MEDICAID*****PI*DMA7384~
HL*2*1*21*1~
NM1*1P*2*PROVIDER NAME*****SV*Provider ID~ or if you are required to submit NPI   NM1*1P*2*PROVIDER
NAME*****XX*Provider ID~
HL*3*2*22*0~
NM1*IL*1******MI*Member ID~
DTP*307*RD8*20080116-20080215~
EQ*30~
SE*11*0001~
GE*1*1~
IEA*1*000000001~
```

Example of MassHealth 270 Transaction (SSN Number/Other Agency ID Inquiry)

```
ISA*00*       *00*       *ZZ*Provider ID   *ZZ*DMA7384       *080116*1200*U*00401*000000001*1*P*:~
GS*HS*Provider ID*DMA7384     *20080116*1200*1*X*004010X092A1~
ST*270*0001~
BHT*0022*13*REPW*20080116*1200~
HL*1**20*1~
NM1*PR*2*MASSACHUSETTS MEDICAID*****PI*DMA7384~
HL*2*1*21*1~
NM1*1P*2*PROVIDER NAME*****SV*Provider ID~ or if you are required to submit NPI   NM1*1P*2*PROVIDER
NAME*****XX*Provider ID~
HL*3*2*22*0~
NM1*IL*1~
REF*SY*Social Security Number~   or if Agency id  REF*NQ*Other Agency ID~
DTP*307*RD8*20081016-20080215~
EQ*30~
SE*12*0001~
GE*1*1~
IEA*1*000000001~
```

Example of MassHealth 270 Transaction (Name Inquiry)

```
ISA*00*       *00*       *ZZ*Provider ID   *ZZ*DMA7384       *080116*1200*U*00401*000000001*1*P*:~
GS*HS*Provider ID*DMA7384     *20080116*1200*1*X*004010X092A1~
ST*270*0001~
BHT*0022*13*REPW*20080116*1200~
HL*1**20*1~
NM1*PR*2*MASSACHUSETTS MEDICAID*****PI*DMA7384~
HL*2*1*21*1~
NM1*1P*2*PROVIDER NAME*****SV*Provider ID~ or if you are required to submit NPI   NM1*1P*2*PROVIDER
NAME*****XX*Provider ID~
HL*3*2*22*0~
NM1*IL*1*Member Last Name*Member First Name*~
DMG*D8*19670512*M~
DTP*307*RD8*20080116-20080215~
EQ*30~
SE*12*0001~
GE*1*1~
IEA*1*000000001~
```

Example of MassHealth 270 Transaction

```
ISA*00*      *00*       *ZZ*PROVIDER ID   *ZZ*DMA7384      *031210*1225*U*00401*200000000*0*T*:~
GS*HS*PROVIDER ID*DMA7384*20031210*1225*300000000*X*004010X092A1~
ST*270*1234~
BHT*0022*13*TC19788_1*20080527*0947~
HL*1**20*1~
NM1*PR*2*MASSACHUSETTS MEDICAID*****PI*MASS XIX DMA~
HL*2*1*21*1~
NM1*1P*1*PROVIDER LAST NAME*PROVIDER FIRST NAME*PROVIDER MIDDLE INITIAL***XX*NPI~
HL*3*2*22*0~
NM1*IL*1*MEMBER LAST NAME*MEMBER FIRST NAME****MI*MEMBER ID~
DTP*307*RD8*20080425-20080425~
EQ*30~
HL*4*2*22*0~
NM1*IL*1*MEMBER LAST NAME*MEMBER FIRST NAME****MI*MEMBER ID~
DTP*307*RD8*20080425-20080425~
EQ*30~
SE*15*1234~
GE*1*300000000~
IEA*1*200000000~
```

Example of MassHealth 271 Transaction

```
ISA*00*      *00*       *ZZ*DMA7384     *ZZ*PROVIDER ID   *080801*0840*U*00401*000000232*0*T*:~
GS*HB*DMA7384*PROVIDER ID*20080801*084009*158*X*004010X092A1~
ST*271*1234~
BHT*0022*11*TC19788_1*20080801*0840~
HL*1**20*1~
NM1*PR*2*MASSHEALTH*****46*DMA7384~
PER*IC*CUSTOMER CALL CENTER*TE*4055226205*TE*8005220114~
HL*2*1*21*1~
NM1*1P*1*PROVIDER NAME*XX*1134135759~
HL*3*2*22*0~
TRN*1*821300000017*1046002284~
NM1*IL*1*MEMBER LAST NAME*MEMBER FIRST NAME****MI*MEMBER ID~
REF*SY*SOCIAL SECURITY NUMBER~
REF*3H*152*Local Office Code~
N3*MEMBER STREET ADDRESS~
N4*NATICK*MA*02124~
PER*IC**TE*MEMBER TELEPHONE NUMBER*TE* MEMBER TELEPHONE NUMBER *TE* MEMBER TELEPHONE NUMBER ~
DMG*D8*MEMBER DATE OF BIRTH*M~
DTP*472*RD8*20080425-20080425~
EB*1*IND*30**MASSHEALTH STANDARD~
DTP*307*RD8*20080425-20080425~
MSG*EXEMPT FROM COPAY ON PHARMACY SERVICES UNDER 130 CMR 450.130(D).~
MSG*EXEMPT FROM COPAY ON NON-PHARMACY SERVICES UNDER 130 CMR 450.130(D).~
MSG*restrictive message for BNFT~
EB*MC*IND*30~
DTP*307*RD8*20080425-20080425~
MSG*NETWORK HEALTH MEMBER. For Medical Services call 1-888-257-1985. For Behavioral Health Services call 1-888-257-
1986.~
LS*2120~
NM1*13*1*NETWORK HEALTH*NETWORK HEALTH~
N3*432 COLUMBIA ST STE 23~
N4*CAMBRIDGE*MA*02141~
PER*IC**TE*8882571985~
LE*2120~
HL*4*2*22*0~
TRN*1*821300000018*1046002284~
NM1*IL*1*MEMBER LAST NAME*MEMBER FIRST NAME****MI*MEMBER ID~
REF*SY*SOCIAL SECURITY NUMBER~
REF*3H*152*Local Office Code~
N3*MEMBER STREET ADDRESS~
N4*NATICK*MA*02124~
PER*IC**TE* MEMBER TELEPHONE NUMBER*TE* MEMBER TELEPHONE NUMBER*TE* MEMBER TELEPHONE NUMBER~
DMG*D8*MEMBER DATE OF BIRTH*F~
```

Example of MassHealth 271 Transaction (cont)

DTP*472*RD8*20080425-20080425~
EB*1*IND*30**MASSHEALTH STANDARD~
DTP*307*RD8*20080425-20080425~
MSG*EXEMPT FROM COPAY ON PHARMACY SERVICES UNDER 130 CMR 450.130(D).~
MSG*EXEMPT FROM COPAY ON NON-PHARMACY SERVICES UNDER 130 CMR 450.130(D).~
MSG*restrictive message for BNFT~
EB*MC*IND*30~
DTP*307*RD8*20080425-20080425~
MSG*NETWORK HEALTH MEMBER. For Medical Services call 1-888-257-1985. For Behavioral Health Services call 1-888-257-1986.~
LS*2120~
NM1*13*1*NETWORK HEALTH*NETWORK HEALTH~
N3*432 COLUMBIA ST STE 23~
N4*CAMBRIDGE*MA*02141~
PER*IC**TE*8882571985~
LE*2120~
SE*56*1234~
GE*1*158~
IEA*1*000000232~

5.0 Version Table

Version	Date	Section/Pages	Description
6.2	12/02	Entire document	Revision after final draft all distribution review
7.0	11/03	Entire document	Update and modify for consistency with other guides
7.1	09/04	Headers/Footers	Production version issued
8.0	03/08	Entire document	Significant revisions throughout guide to reflect NewMMIS requirements
9.0	06/08	Entire document	Additional revisions throughout guide to reflect NewMMIS requirements, based on feedback from Version 8.0
9.1	07/08	Common constants for transactions	One new loop added and companion information updated. Draft version posted.
9.2	12/08	Sections 2.5, 3.0, 4.0, and Appendix A	Example of MassHealth 270/271 transaction EDI files were added, and the Frequently Asked Questions appendix was revised in its entirety. Production version issued

Appendix A: Frequently Asked Questions

Q. What are the main differences between the EVSpc, Web, and HTS submission methods?

A. • **Web access (POSC)** – This option is best for those providers who have low volume of MassHealth members, want to check for specific members or other limited review of MassHealth member data. Web access also allows you to check the history of an earlier eligibility response you received.

- **HTS** – This option is best for providers who have large volumes of MassHealth members and need an automated way to check eligibility. Typically software vendors, billing intermediaries, clearinghouses and providers with a technical team benefit from this option.

- **EVSpc** – For those providers who have a large volume of MassHealth members and see them on a regular basis, but don't have the resources or expertise to use the HTS method, would use this option.

For all options, a 997 will be generated in all methods, if a 271 is not immediately returned.

Q. How are EVSpc transactions separated?

A. When submitting transactions via pass-through, each interchange is separated by a carriage return.

Q. I have noticed three segments in my 270 that have a date. Which segment's date should I use to define the date of service?

A. The DTP segment is used to determine the date of service. If the DTP segment is not included in the transaction, the date of service is determined by the date that is populated in the BHT04 field.

Q. What are the main differences between a 271 and a 997?

A. 271 is the response to a 270 and contain eligibility information. 997 is an acknowledgement transaction that indicates if a 270 file was accepted or rejected – 997 does not contain any eligibility information

Q. Is there a limit to the number of inquiries I can submit at once?

A. We recommend you follow HIPAA requirements for a maximum of 99 inquiries per ST/SE segment. Real-time transactions are limited to one inquiry per interchange. Specific file size limitations are stated at the beginning of this guide.

Frequently Asked Questions (cont)

Q. What information is returned on the 271?
A. All available information about the member will be returned. This may include:
- member address
- member ID, social security number and/or other agency ID
- MassHealth benefit plan
- MassHealth assignment plan
- primary care clinician information
- other insurance information
- managed care information
- member payment responsibility information
- long-term-care information
- behavioral health information
- restrictive messages

Q. Will I get back different information if I check by member ID vs. name?
A. The information sent is specific to the member and the complete details are sent, regardless of inquiry by member ID number or name.

Q. Are any fields case sensitive?
A. No.

Appendix B: Provider Online Service Center - True Batch Example

This is an example of a true batch file containing three individual inquiries. True batch has the ability to loop at the interchange, functional group, transaction, and hierarchical levels.

```
ISA*00*      *01*      *ZZ*9999999   *ZZ*DMA7384     *080123*1358*U*00401*000000031*0*P*:~
GS*HS*USERID1*DMA7384    *20080123*1358*1*X*004010X092A1~
ST*270*1234~
BHT*0022*13*EPIC*20031021*135800~
HL*1**20*1~
NM1*PR*2*MASSACHUSETTS MEDICAID*****PI*DMA7384~
HL*2*1*21*1~
NM1*1P*2*TEST PROVIDER*****SV*9999999999~ or if you are required to submit NPI   NM1*1P*2*PROVIDER
HL*3*2*22*0~
NM1*IL*1******MI*999999999999~
DTP*307*RD8*20080123-20080221~
EQ*30~
HL*4*2*22*0~
NM1*IL*1******MI*999999999~
DTP*307*RD8*20080123-20080218~
EQ*30~
HL*5*2*22*0~
NM1*IL*1******MI*999999999~
DTP*307*RD8*20080123-20080220~
EQ*30~
SE*19*1234~
GE*1*1~
IEA*1*000000031~
```

Appendix C: PC Software: Pass-through Example

This is an example of a pass-through file containing three individual inquiries.

```
ISA*00*    *01*    *ZZ*9999999999   *ZZ*DMA7384    *080121*1358*U*00401*000000031*0*P*:~
GS*HS*USERID1*DMA7384    *20080121*1358*1*X*004010X092A1~
ST*270*1234~
BHT*0022*13*EPIC*20031021*135800~
HL*1**20*1~
NM1*PR*2*MASSACHUSETTS MEDICAID*****PI*DMA7384~
HL*2*1*21*1~
NM1*1P*2*TEST PROVIDER*****SV*9999999999~or if you are required to submit NPI   NM1*1P*2*PROVIDER
HL*3*2*22*0~
NM1*IL*1******MI*999999999~
DTP*307*RD8*20080121-20080220~
EQ*30~
SE*11*1234~
GE*1*1~
IEA*1*000000031~


ISA**00*    *01*    *ZZ*9999999999   *ZZ*DMA7384    *080121*1358*U*00401*000000031*0*P*:~
GS*HS*USERID1* DMA7384    *20080121*1358*1*X*004010X092A1~
ST*270*1234~
BHT*0022*13*EPIC*20031021*135800~
HL*1**20*1~
NM1*PR*2*MASSACHUSETTS MEDICAID*****PI*DMA7384~
HL*2*1*21*1~
NM1*1P*2*TEST PROVIDER*****SV*9999999999~ or if you are required to submit NPI   NM1*1P*2*PROVIDER HL*3*2*22*0~
NM1*IL*1******MI*999999999~
DTP*307*RD8*20080121-20080217~
EQ*30~
SE*11*1234~
GE*1*1~
IEA*1*000000031~


ISA**00*    *01*    *ZZ*9999999999   *ZZ*DMA7384    *080121*1358*U*00401*000000031*0*P*:~
GS*HS*USERID1* DMA7384    *20080121*1358*1*X*004010X092A1~
ST*270*1234~
BHT*0022*13*EPIC*20031021*135800~
HL*1**20*1~
NM1*PR*2*MASSACHUSETTS MEDICAID*****PI*DMA7384~
HL*2*1*21*1~
NM1*1P*2*TEST PROVIDER*****SV*9999999999~ or if you are required to submit NPI   NM1*1P*2*PROVIDER HL*3*2*22*0~
NM1*IL*1******MI*999999999~
DTP*307*RD8*20080121-20080218~
EQ*30~
SE*11*1234~
GE*1*1~
IEA*1*000000031~
```

Appendix D: Links to Online HIPAA Resources

The following is a list of online resources that may be helpful.

Accredited Standards Committee (ASC X12)
- ASC X12 develops and maintains standards for inter-industry electronic interchange of business transactions. www.x12.org

American Hospital Association Central Office on ICD-9-CM (AHA)
- This site is a resource for the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes, used in medical transcription and billing, and for Level I HCPCS. www.ahacentraloffice.org

American Medical Association (AMA)
- This site is a resource for the Current Procedural Terminology, 4th Edition, codes (CPT-4). The AMA copyrights the CPT codes. www.ama-assn.org

Association for Electronic Health-care Transactions (AFEHCT)
- A health-care association dedicated to promoting the interchange of electronic health-care information. www.afehct.org

Centers for Medicare and Medicaid Services (CMS)
- CMS, formerly known as HCFA, is the unit within HHS that administers the Medicare and Medicaid programs. CMS provides the Electronic Health-care Transactions and Code Sets Model Compliance Plan at www.cms.hhs.gov/HIPAAGenInfo/
- This site is the resource for information related to the Health-care Common Procedure Coding System (HCPCS). www.cms.hhs.gov/HCPCSReleaseCodeSets/
- This site is the resource for Medicaid HIPAA information related to the Administrative Simplification provision. www.cms.gov/medicaid/hipaa/adminsim

Designated Standard Maintenance Organizations (DSMO)
- This site is a resource for information about the standard setting organizations, and transaction change request system. www.hipaa-dsmo.org

Health Level Seven (HL7)
- HL7 is one of several ANSI accredited Standards Development Organizations (SDO), and is responsible for clinical and administrative data standards. www.hl7.org

MassHealth Provider Services
- This site assists providers with HIPAA, MassHealth billing and policy questions, as well as provider enrollment. www.mahealthweb.com

Medicaid HIPAA Compliant Concept Model (MHCCM)

- This site presents the Medicaid HIPAA Compliance Concept Model, information, and a toolkit. www.mhccm.org

National Council of Prescription Drug Programs (NCPDP)

- The NCPDP is the standards and codes development organization for pharmacy. www.ncpdp.org

National Uniform Billing Committee (NUBC)

- NUBC is affiliated with the American Hospital Association, and develops standards for institutional claims. www.nubc.org

National Uniform Claim Committee (NUCC)

- NUCC is affiliated with the American Medical Association. It develops and maintains a standardized data set for use by the non-institutional health-care organizations to transmit claims and encounter information. NUCC maintains the national provider taxonomy. www.nucc.org

Office for Civil Rights (OCR)

- OCR is the office within Health and Human Services responsible for enforcing the Privacy Rule under HIPAA. www.hhs.gov/ocr/hipaa

United States Department of Health and Human Services (DHHS)

- This site is a resource for the Notice of Proposed Rule Making, rules and other information about HIPAA. www.aspe.hhs.gov/admnsimp

Washington Publishing Company (WPC)

- WPC is a resource for HIPAA-required transaction implementation guides and code sets. www.wpc-edi.com/HIPAA

Workgroup for Electronic Data Interchange (WEDI)

- A workgroup dedicated to improving health-care through electronic commerce, which includes the Strategic National Implementation Process (SNIP) for complying with the administrative-simplification provisions of HIPAA. www.wedi.org

Appendix E: Test 270/271 Transaction

In an effort to help trading partners validate their ability to submit transactions to MassHealth, we have established a test 270/271 transaction for you to validate your HIPAA compliance and connectivity to MassHealth. To validate your data submission, submit the following 270 format listed in this appendix. A successful transmission can be validated by you, if you confirm that the 271 response you have received matches the 271 response listed in the appendix.

If you have confirmed that you have successfully sent the 270 listed in this appendix and received the 271 in the exact format as listed in the appendix, you are ready to submit production 270/271 transactions to MassHealth. Call MassHealth Customer Service at 1-800-841-2900 and talk with a HIPAA Support customer representative. Indicate that you have followed the procedures for testing the 270/271 in Appendix F of the MassHealth 270/271 Companion Guide and you are ready to process this transaction set in our production environment.